

ARIZONA STATE BOARD OF HEALTH Vol. 1-27 # 11
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

Place of Birth St. Johns County Apache No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			

DATE OF BIRTH* January 25th 192 7
(Month) (Day) (Year)

FULL* FATHER
NAME James L. Stradling

FULL* MOTHER
MAIDEN NAME Mary L. Richey

I HEREBY CERTIFY that the child described herein has been named

Nadine Stradling
(Give name in full) (Surname)

Mary L. Stradling
(Parent's signature) In ink

J. F. Bauldwin M.D.
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Return supplementary report immediately

5-21-27 527-125-498